



CG-AB ANNUAL BINGO APPLICATION FOR FIRST TIME APPLICANTS

State Form XXXXX

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

INSTRUCTIONS: Processing of this application can take up to 120 days. Attach License Fee Here.

1. Name of Organization (Please type or print)				2. Email Address	
3. Previous Name of Organization (If name changed)				4. Federal Identification Number (FID)	
5. Street Address of Principal Office (As it appears on the Charity Gaming Qualification Application, Form CG-QA)					6. Business Hours
City	State	Zip Code	County	Daytime Telephone Number ()	
7. On which days of the week and during what hours will your bingo event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour). Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M					
8. Street address of the facility where the event will be conducted					Doing Business Name (DBA)
City	State	Zip Code	County	Daytime Telephone Number ()	

Lease/Donation Information

INSTRUCTIONS: Attach additional sheets if necessary to supply all information for each line.

9. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)
• If leased (rented) or donated, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.

Name of Lessor/Donor (Full legal name)			Address		
City	State	Zip Code	County	Daytime Telephone Number ()	

10. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment/devices being leased or donated to you for this event? Yes ☐ No ☐
If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement.
Note: Gaming equipment/devices must originate from a licensed distributor and/or manufacturer.

Name	Address	City	State	Zip Code
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Manufacturer and Distributor Information

11. List the manufacturer(s) and/or distributor(s) you intend to purchase licensed supplies from.
Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	Items

12. Does your organization own gaming equipment/devices? Yes ☐ No ☐
If yes, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment/device purchased.

Name of Distributor/Manufacturer	Date of Purchase	Purchase Price	Type of Equipment/Device

Operator Information

12. List below at least three (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Attach additional sheets if necessary. Please type or print.

Full Legal Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				()		employee <input type="checkbox"/> member <input type="checkbox"/>
				()		employee <input type="checkbox"/> member <input type="checkbox"/>
				()		employee <input type="checkbox"/> member <input type="checkbox"/>

13. Please list the name from above of the principal operator who has overall responsibility for the operation and control of this charity gaming event. Please type or print.

X _____
Name

14. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes ☐ No ☐ If yes, list each individual's name, name of organization, and the month(s) that they will operate other gaming events. Attach additional sheets if necessary.

Worker Information

15. List **all** individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event. Attach additional sheets if necessary. Please type or print.

Full Legal Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				()		employee <input type="checkbox"/> member <input type="checkbox"/>
				()		employee <input type="checkbox"/> member <input type="checkbox"/>
				()		employee <input type="checkbox"/> member <input type="checkbox"/>
				()		employee <input type="checkbox"/> member <input type="checkbox"/>
				()		employee <input type="checkbox"/> member <input type="checkbox"/>

16. Have any operators or workers listed on line 12 and 15, or on any attachments, been convicted of a felony within the past 10 years in any jurisdiction? Yes ☐ No ☐ If you answered Yes, list each name, date, and type of conviction, and jurisdiction/court. Attach additional sheets if necessary.

Gross Retail Sales Information

17a. Will you be conducting any type of retail sales during the licensed event (i.e. accessories, concessions, etc.)? (*Check one*) Yes* ☐ No ☐

*If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided.

Name of organization offering the sales	Retail Merchant Certificate Number
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17b. Which of the following will your organization be receiving? (*Check one*)

_____ All of the retail sales income _____ A flat fee retail sales payment
 _____ A percentage of the retail sales income _____ Other (*explain*) _____

Additional Activities Authorized

18. Will your organization be conducting door prize drawings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your organization be selling pull tabs, punchboards, and tip boards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your organization be conducting a raffle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
You may request special permission to increase certain prize limitations at one event.	

Financial Information

20. Where will the charity gaming financial records be maintained?

Address

City

State

Zip Code

21. Name, address, and telephone number of the person maintaining these records.

Name

Address

City

State

Zip Code

Daytime Telephone Number
()

22. List the organization's separate and segregated charity gaming checking account information. (*Attach additional sheets if necessary.*)

Name of Bank

Street Address

City

State

Zip Code

Name of Separate and Segregated Charity Gaming Checking Account

Account Number

License Fee Information

23. The license fee for an organization's first Annual Bingo License is \$50.00 and must be paid with this application. The fee should be paid by a check drawn from your separate and segregated charity gaming checking account. Make your check payable to: **Indiana Gaming Commission.**

Certification

24. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer

Print Name

Title

Daytime Telephone Number

Date

Signature of Secretary

Print Name

Daytime Telephone Number

Date

Send this application and \$50.00 fee to:

Indiana Gaming Commission
Charity Gaming Division
115 W. Washington St., South Tower, Suite 950
Indianapolis, IN 46204-3408
Phone: (317) 232-4646